

EDEN FIRE DEPARTMENT NO. 1

**P.O. Box 85
2791 East Church Street
Eden, NY 14057**

VOLUNTEER FIREFIGHTER APPLICATION



Our Mission is to serve and protect the people, property and the environment of the Town of Eden by delivering exceptional firematic services.

INSTRUCTIONS:

1. Please review the Eden Fire Department No.1 Mission Statement, Vision Statement and Core Values.
2. Please review Article X of the Eden Fire Department No.1 Bylaws.
3. Please complete this application in full. Accurate and legible completion of this application form is the first step in the Department Screening Process.
4. False statements on this application will result in immediate expulsion from the company.

ALL INFORMATION IS COMPLETELY CONFIDENTIAL WHEN SUBMITTED

COMPLETE ALL INFORMATION

EDEN FIRE DEPARTMENT No.1 does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disabilities.

Date of Birth:

Date of Application:

Name: Last, First, Middle

Social Security Number:

Street Address:

Phone:

City

State

Zip

Have you volunteered for this District before?

Yes No

From:

To:

Driver's License Number:

Class:

Restrictions:

How long have you lived in Eden?

How did you learn of this position? Newspaper, friend, position posting, sponsor, etc.

Do you have permanent transportation?

Yes No

Do you have a criminal record?

Explain:

EDUCATION AND FORMAL TRAINING

High School (name & location)	Years completed	Did you Graduate? Yes No Degree or Diploma?
College (name & location)	Years completed	Did you Graduate? Yes No Degree or Diploma?
Trade or Business School (name & location)	Years completed	Did you Graduate? Yes No Degree or Diploma?

WORK EXPERIENCE**Current Employment Status:**

- Full-time
- Part-time
- Self-employed
- Student
- Unemployed

Present Employer:

Is your job in the Eden area?

Hours of work?

Would your employer allow you to respond to emergency calls during work hours?

Typical hours of availability to respond to emergency calls?

Shift work?

- Yes
- No

Schedule:

Additional Skills?

Previous Employers:

Previous work experience?

DEPARTMENTAL MEETINGS AND DRILLS

Would you be able to attend the monthly Eden Fire Department No.1 meeting, held on the second Monday of each month, at 8:00 PM?

Would you be able to attend the Eden Fire Department No.1 drills/training sessions, held each month?

PREVIOUS FIREFIGHTING EXPERIENCE

Previous Firefighting Training	Where?	Courses?
Previous Firefighting Experience	Where?	Status?

SPONSORSHIP

Name of your Sponsor?

Years known?

Relationship?

WHY DO YOU THINK YOU WOULD BE AN ASSEST TO THIS DEPARTMENT?

Explain:

I hereby authorize a representative of the Eden Fire Department No.1 to check with the appropriate police agency/authorities for the purpose of accessing my driver's record and in order to perform a detailed background investigation.

Signature: _____

Date: _____